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Social Support During Pre-Natal And Post-Natal Stage: Influence On Maternal Depression And Mental Well-Being

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Abstract

The purpose of the study was to investigate the amount of social support perceived during pre-natal and post-natal stage and its influence on maternal depression and mental well-being among mothers in Johor State, Malaysia. A quantitative study with the survey method conducted. Total 100 mothers from pre-natal (n=50) and post-natal (n=50) mothers from Mengkibol Health Clinics and Taman Universiti Health Clinics, Malaysia completed three questionnaire; i) EPDS ii) SSQ-6 and iii) WEMWBS. Results showed significant relationship between social support, maternal depression and mental well-being. Negative correlation existed between social support and maternal depression, positive correlation between social support and mental well-being and negative correlation between depression and well-being. Moreover post-natal mother's found to be more depressed and no significant difference found for mental well-being and social support. Furthermore maternal depression indirectly develop self-harming behavior and suicidal thoughts among pre-natal and post-natal mother's. Socioeconomic status (SES) and educational background do influence maternal depression and finally found that Malay mothers were coping well with pregnancy and child birth as compared to Chinese and Indian mothers. As a conclusion low level of social support increase the maternal depression and decrease mental well-being of mothers and high level depression leads the mother's develop suicidal thoughts. It is important for the partners and family member to realize the importance of social support. Moreover Ministry of Health, Malaysia need recognize the mother's maternal depression during this stage and appropriate counseling session and psychotherapy is crucial to increase their mental well-being and decrease their suicidal thoughts.

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1. Introduction

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In Malaysia the experience of pregnancy and childbirth is often followed by sadness, fear, anxiety, and difficulty making decisions (Lye, 2011). Many women have difficulty finding the energy to care for themselves, their infants, and their families. Some even have feelings about harming themselves and their children (Pirl, 2004). Depression during or after pregnancy refers to a broad range of physical and emotional struggles that many women face. We may have heard this called the “Baby Blues,” Postpartum Depression, Maternal Depression, Prenatal Depression, Postnatal Depression, or Perinatal Depression. In this study researcher call Pre-natal (pregnancy) and Post-natal (after child birth). Pre-natal Depression can be mild, moderate or severe. It can occur during pregnancy or within a year after the end of your pregnancy. Without treatment, symptoms may last a few weeks, months, or even years. In rare cases, the symptoms are severe and indicate potential danger to the mother and baby (Lye, 2011).

Depression during this stage is associated with an increased risk of suicidal thoughts and maternal mood disorders following with pregnancies and child-birth (Philipps & O’Hare 1991; Chaudron 2003). In addition many researches have clearly state that maternal depression to impaired mental well-being of mothers (Beck 2006; Chaudron 2003; Earls 2010). Given the prevalence of maternal postpartum depression, and the repercussions it has for the health and well-being of women and also children, this disorder represents a substantial public health concern (Wisner, Chambers, Sit 2006; Almond 2009). Understanding the risk factors is central to identifying, treating, and preventing pre-natal and post-natal depression, however, we continue to lack a clear knowledge of the most salient risk factors related to maternal depression, as well as those factors that may serve to worsen or lessen the risk of maternal depression.

After all, absent of social support during pre-natal and post-natal stage which has been leading to high risk on maternal depression. Women who perceived more social support during pre-natal and post-natal stage found with no maternal depression and high emotional well-being (Rondo *et al.*, 2003; Badr *et al.*, 2005). Social support play an dominant role especially spousal support during pregnancy and child birth is crucial (Alio *et al.*, 2013). Paternal involvement has been recognized to have an impact on pregnancy and infant outcomes (Alio, Kornosky, Mbah, Marty & Salihu, 2010; Alio, Mbah, Kornosky, Wathington, Marty & Salihu, 2011; Ghosh, Wilhelm, Dunkel-Schetter, Lombardi & Ritz, 2010; Ngui, Cortright & lair, 2009; Alio, Bond, Padilla, Heidelbaugh, Lu & Parker, 2011; Padilla & Reichman, 2001)., but surprisingly very little people know about perceived social support and its influence on emotional health and well-being (Coyne & Bolger, 1990; Coyne & DeLongis, 1986; Lakey & Casady, 1990; Collins *et al.*, 1993) quality of life (Yee & Lua Pei Lin, 2006).

2. Purpose

- 1) To determine the relationship between social support, maternal depression and mental well-being during pre-natal and post-natal stage.
- 2) To determine which stage, pre-natal or post-natal mother women found to be more depressed
- 3) To determine the influence of suicidal thoughts during pre-natal and post-natal stage

3. Methodology

In this research, the data is gathered by survey method using three set of questionnaire:

1) Edinburg Postnatal Depression Scale (EPDS) by (Murray, Cox, Holden, & Sagovsky, (2005) is a 10 item self-report scale is designed to screen women for symptoms of emotional distress during pregnancy and the postnatal period. The EPDS is easy to administer and has proven to be an effective screening tool. EPDS was developed in 1987. The scale has since been validated, and evidence from a number of research studies has confirmed the tool to be both reliable and sensitive in detecting depression ((Edinburgh, Depression, & Epsd, 1987)

2) Social Support Questionnaire is a 6 item self-report measurement within 5 -10 minute completion. Besides that SSQ-6 is an abbreviated version of the 27-item Social Support Questionnaire (Sarason, Levine, Basham, & Sarason, 1983). The

SSQ-6 has been shown to have high internal reliability, with alpha coefficients ranging from .90 to .93 for Satisfaction scores (Sarason, Sarason, Shearin, & Pierce, 1987). Internal consistency reliability for SSQ-6 scores in the present study was 0.8 in the Bedouin sample and 0.82 in the Jewish sample.

3) The 14-item version of The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) covering subjective well-being and psychological functioning, in which all the items are worded positively and address aspects of positive mental health, that are related to an individual state of mental-well-being (thoughts and feelings) in the previous two weeks. WEMWBS is scored by summing all the responses to each item answered on a 1 to 5-point scale ranging from 1 = “none of the time”, 2 = “rarely”, 3 = “some of the time”, 4 = “often”, and 5 = “all of the time”. The minimum scale score is 14 and the maximum is 70. WEMWBS was developed through research that was conducted by the Warwick and Edinburgh Universities.

The questionnaires was administrated to a total of 100 participants consisting of 50 women during pre-natal and 50 for post-natal are selected from two governmental health care centre 1) Klinik Kesihatan Malaysia (KKM) Jalan Mengkipol, Kluang, Johor. And 2) Klinik Kesihatan Malaysia (KKM) Taman University, Johor.

4. Results and discussion

4.1 Relationship between of social support, maternal depression and mental well-being during pre-natal stage

Table 1: Influence of social support on maternal depression and mental well-being during pre-natal

		Social Support	Depression	Wellbeing
SocialSupport	Pearson Correlation	1	-.593**	.577**
	Sig. (2-tailed)		.000	.000
	N	50	50	50
Depression	Pearson Correlation	-.593**	1	-.936**
	Sig. (2-tailed)	.000		.000
	N	50	50	50
Wellbeing	Pearson Correlation	.577**	-.936**	1
	Sig. (2-tailed)	.000	.000	
	N	50	50	50

** . Correlation is significant at the 0.01 level (2-tailed).

Table 1 shows a significant negative correlation between social support and depression during pre-natal stage ($r = -0.593^{**}$, $p < 0.001$, $N=50$), significant positive correlation between social support and mental well-being ($r = 0.577^{**}$, $p < 0.001$, $N = 50$) and significant negative correlation between maternal depression and mental well-being ($r = -0.936^{**}$, $p < 0.001$, $N = 50$).

4.2 Relationship of social support, maternal depression and mental well-being during post-natal stage

Table 2: Influence of social support on maternal depression and mental well-being during post-natal

		Social Support	Depression	Wellbeing
Social Support	Pearson Correlation	1	-.654**	.666**
	Sig. (2-tailed)		.000	.000
	N	50	50	50
Depression	Pearson Correlation	-.654**	1	-.955**
	Sig. (2-tailed)	.000		.000

	N	50	50	50
Wellbeing	Pearson Correlation	.666**	-.955**	1
	Sig. (2-tailed)	.000	.000	
	N	50	50	50

** . Correlation is significant at the 0.01 level (2-tailed).

Table 2 shows a significant negative correlation between social support and depression during pre-natal stage ($r = -0.654^{**}$, $p < 0.001$, $N=50$), significant positive correlation between social support and mental well-being ($r = 0.666^{**}$, $p < 0.001$, $N = 50$) and significant negative correlation between maternal depression and mental well-being ($r = -0.955^{**}$, $p < 0.001$, $N = 50$).

4.3 Level of depression during pre-natal and post-natal stage

Table 3: Means for maternal depression during pre-natal and post-natal stage

	Status	N	Mean	Std. Deviation	Std. Error Mean
Depression	Pre-natal	50	12.66	7.569	1.070
	Post-natal	50	16.52	11.343	1.604

Table 4: Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means				95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower Upper
Depression	Equal variances assumed	14.775	.000	-2.002	98	.048	-3.860	1.928	-7.687 -.033
	Equal variances not assumed			-2.002	85.417	.049	-3.860	1.928	-7.694 -.026

Table 3 and 4 represents the results of the independent-samples t-test for maternal depression during pre-natal and post-natal stage. Maternal depression during post-natal stage ($M = 16.52$) significantly more depressed than pre-natal mothers ($M = 12.66$). The p-value for the Levene's test for equality of variance is 0.000 (under "sig"). Since this value is less than $\alpha < 0.05$, this implies that the maternal depression during pre-natal and post-natal cannot be assumed to be equal. The corresponding ($t = -2.00$, $df = 85.417$, and $p = 0.048$). Since this p-value is smaller than $\alpha = 0.05$, we reject the null hypothesis.

4.4 Suicidal thoughts during pre-natal and post-natal stage

Table 5: Descriptive statistic for suicidal thoughts among mothers during post-natal stage

Frequency	Percent	Valid Percent	Cumulative Percent
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Valid	Never	15	30.0	30.0	30.0
	hardly ever	16	32.0	32.0	62.0
	Sometimes	13	26.0	26.0	88.0
	yes, quite often	6	12.0	12.0	100.0
	Total	50	100.0	100.0	

From the table 5 found that the ($M=1.2$, $SD=1.01$, $N=50$). About 32% mothers hardly ever thought of self-harming, 26% mothers thought of self-harming sometimes, 12% mothers are in the serious condition where they agreed that they thought of self-harming quite often and the overall total about 70%.

Table 6: Descriptive statistic for suicidal thoughts among mothers during post-natal stage

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	16	32.0	32.0	32.0
	Sometimes	24	48.0	48.0	80.0
	yes, quite often	10	20.0	20.0	100.0
	Total	50	100.0	100.0	

From the table 6 found that the ($M=1.56$, $SD=1.146$, $N=50$). About 48% mothers thought of self-harming sometimes, 20% mothers are in the serious condition where they agreed that they thought of self-harming quite often and the overall total about 68%.

As an overall, lack of social support during pre-natal and post-natal stage will increase the maternal depression and affect their mental well-being which will automatically develop suicidal thoughts them. In the context of life transition from pre-natal to post-natal is very stressful for many women especially those with poor social support, low level of spousal support, less educated, ethnicity, economically and socially disadvantaged, the assistance and support provided by others may indeed be consequential to physical and psychological health.

Results suggest a need for a more comprehensive maternal program which focuses on the social support, mother's maternal depression, mothers's well-being and seriousness of self-harming thoughts. The importance of a good spousal relationship that consists of both emotional and practical support should be highlighted to all pre-natal and post-natal couples.

5. Conclusion

It is important for the partners and family member to realize the importance of social support. Moreover Ministry of Health, Malaysia need recognize the mother's maternal depression during this stage and appropriate counseling session and psychotherapy is crucial to increase their mental well-being and decrease their suicidal thoughts

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